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MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| BUREAU OF VITAL STATISTICS | | ARIZONA STATE BOARD OF HEALTH | | STANDARD CERTIFICATE OF DEATH | |
|---|-------------------------------|---|------------|---|--|
| 1. PLACE OF DEATH | | State File No. <u>18110</u> | | Registered No. <u>18110</u> | |
| County <u>Tulsa</u> | State <u>Oklahoma</u> | | | | |
| District or Township <u>Mcain</u> | City <u>Mcain</u> | or Village _____ | | | |
| 2. FULL NAME <u>Margie Mae Bryce</u> | | (If death occurred in a hospital or institution, give its NAME instead of street and number). | | | |
| (a) Residence, No. <u>1112 1/2 Line St.</u> | | Ward _____ | | | |
| (Usual place of abode) | | (If non-resident, give city or town and State) | | | |
| Length of residence in city or town where death occurred <u>2</u> yrs. mos. ds. | | How long in U. S. if of foreign birth? yrs. mos. ds. | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | |
| 3. SEX <u>Female</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE/MARRIED, WIDOW-ED or DIVORCED. (Write the word) <u>Single</u> | | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | | |
| 6. DATE OF BIRTH (month, day and year) <u>May 17</u> | | | | | |
| 7. AGE | Years <u>4</u> | Months <u>6</u> | Days _____ | IF LESS than 1 day _____ hrs. or _____ min. | |
| 8. OCCUPATION OF DECEASED | | | | | |
| (a) Trade, profession, or particular kind of work <u>Infant</u> | | | | | |
| (b) General nature of industry, business or establishment in which employed (or employer) _____ | | | | | |
| (c) Name of employer _____ | | | | | |
| 9. BIRTHPLACE (city or town) <u>Quincy</u> (State or country) <u>Ariz</u> | | | | | |
| 10. NAME OF FATHER <u>Brooks Bryce</u> | | | | | |
| 11. BIRTHPLACE OF FATHER <u>Bryce</u> (city or town) <u>Ariz</u> (State or country) | | | | | |
| 12. MAIDEN NAME OF MOTHER <u>Ariz</u> | | | | | |
| 13. BIRTHPLACE OF MOTHER <u>Ariz</u> (city or town) (State or country) | | | | | |
| 14. Informant <u>Brooks Bryce</u> (Address) <u>Mcain Ariz</u> | | | | | |
| 15. Filed <u>Jan 30, 1928</u> <u>L. E. Cron</u> Registrar. | | | | | |
| MEDICAL CERTIFICATE OF DEATH | | | | | |
| 16. DATE OF DEATH <u>Jan 30</u> 19 <u>28</u> | | | | | |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>1-30</u> , 19 <u>28</u> to <u>1-30</u> , 19 <u>28</u> , that I last saw her alive on <u>1-30</u> , 19 <u>28</u> , and that death occurred, on the date stated above, at <u>11:45</u> a.m. The CAUSE OF DEATH* was as follows: <u>Epidemic cerebral spinal meningitis</u> | | | | | |
| (duration) _____ yrs. _____ mos. _____ ds. | | | | | |
| CONTRIBUTORY (Secondary) <u>4</u> (duration) _____ yrs. _____ mos. _____ ds. | | | | | |
| 18. Where was disease contracted <u>Not at place of death?</u> | | | | | |
| Did an operation precede death? _____ Date of _____ | | | | | |
| Was there an autopsy? _____ | | | | | |
| What test confirmed diagnosis? _____ | | | | | |
| (Signed) <u>C. M. Cron M.D.</u> _____, M. D. <u>1-30</u> 19 <u>28</u> (Address) | | | | | |
| * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). | | | | | |
| 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Quincy Arizona</u> | | | | DATE OF BURIAL <u>Jan 31-28</u> | |
| 20. UNDERTAKER <u>L. May Miles</u> | | | | ADDRESS <u>Mcain</u> | |